

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO 470)**

SERIAL NO.
393311
APPLICANT

FILING DATE
4/10/99

CLAIMS

	AS FILED		AFTER IN AMENDMENT		AFTER IN AMENDMENT	
	NO.	OFF.	NO.	OFF.	NO.	OFF.
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TOTAL NO.	3					
TOTAL OFF.	34					
TOTAL	37					

	NO.	OFF.	NO.	OFF.	NO.	OFF.
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TOTAL NO.						
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